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JOB DESCRIPTION

| Position Title : | Date: | | |
|-------------------------|--------------|-------------|--|
| Position Level: | FLSA Status: | Class Code: | |

GENERAL DESCRIPTION

KEY RESPONSIBILITES

* Indicates an "essential" job function.

The information on this description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities and qualifications required of employees assigned to this job.

| KEY JOB REQUIREMENTS | | | | | |
|---------------------------------------------------------------------------------------------------------|------------|-------|--|--|--|
| Education: | | | | | |
| Experience: | | | | | |
| Impact of Actions: | | | | | |
| Complexity: | | | | | |
| Decision Making: | | | | | |
| Communication | | | | | |
| with Others: | | | | | |
| Managerial Skills: | | | | | |
| Working Conditions/ | | | | | |
| Physical Effort: | | | | | |
| On Call | | | | | |
| Requirements: | | | | | |
| | | | | | |
| | APPROVALS | | | | |
| Department Head: | | | | | |
| Name: | Signature: | Date: | | | |
| Division Director: | | | | | |
| Name: | Signature: | Date: | | | |
| County Administrator: | | | | | |
| Name: | Signature: | Date: | | | |
| | | | | | |
| On this date I have received a copy of my job description relating to my employment with Monroe County. | | | | | |
| Name: | Signature: | Date: | | | |

Class Code:

Position Level:

Position Title: